

COEUR D'ALENE TRIBE

850 A STREET P.O. BOX 408 PLUMMER, IDAHO 83851 (208) 686-5302 • Fax (208) 686-3021

For Office Use Only						
Date Received Application Fee Annual Lease Amount Payment Method Permit Number Received by Receipt #						

Tribal encroachment permits are required by Coeur d'Alene Tribal Law and Order Code, Chapter 44. Correct fees must accompany encroachment permit applications.

Return application and applicable fees to: Coeur d'Alene Tribe, Recreation Management Program, PO Box 408, Plummer, ID 83851

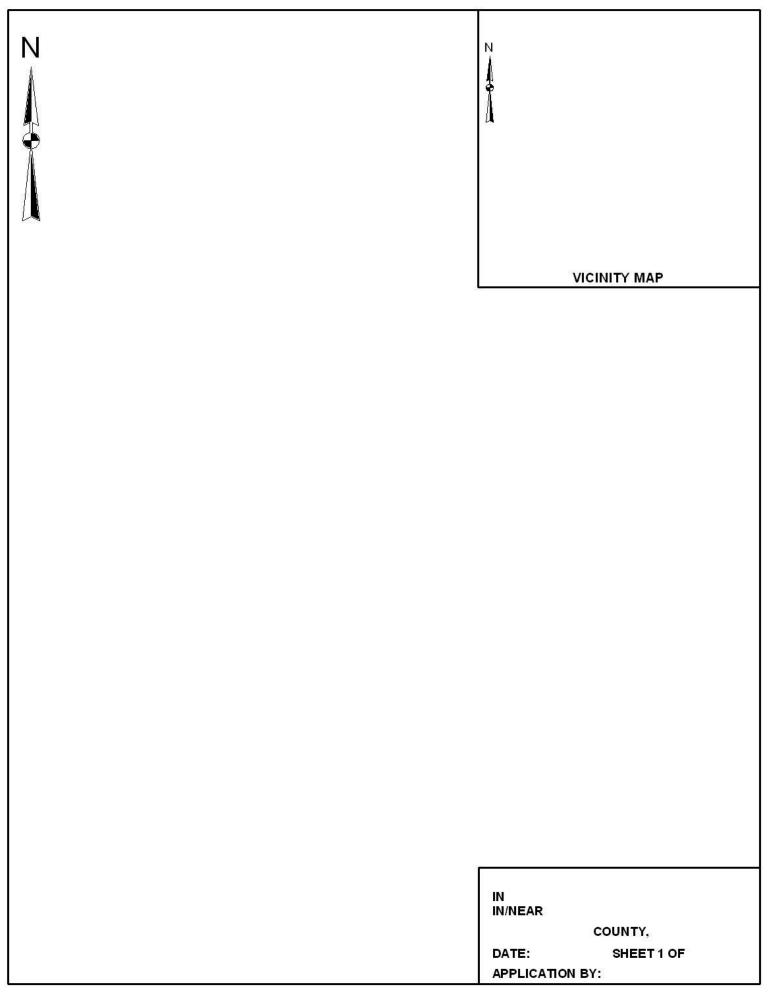
Please fill out application in its entirety. To help expedite the application process, applicant is encouraged to provide photos of encroachments and a copy of all permits for any existing project.

Incomplete applications will be returned.

This application process does not waive the necessity of applying for any federal, state, or local permits required by law. *Per Coeur d'Alene Tribe Resolution 029 (2022) there has been a moratorium placed on all new dock construction permits. Please contact our office for additional information.*

ГΥ	PE OF WORK REQU	ESTING PERMIT FOR: Modification/Upgrade of	Existing, Encre	pachment	#	(located on A	Annual Lease)	☐ Unregi	stered Dock
	☐ Individual Dock	Comm./Co-Op Dock	☐ Commercial	Marina	Shor	eline Erosic	on Control	☐ Water \	Withdrawal
PL	EASE TYPE OR PRI	NT							
١.	Legal Owner/Applicant			1a. Authorized Agent (if applicable)					
	Mailing Address			Mailing Ad	ddress _				
	Work Phone ()	Home ()		Work Phon	mation			me ()	
2.	Location where propos	sed activity exists or will occur:							
	Waterway						•	erty Owned by plain in space	
	City or County			163	'`		_ 11 110, 6	olalii iii space	at item #15
	Distance/Direction to No	earby City/Town		What is th	e width o	f your prope	rty at the s	horeline?	
	Directions to the Site_								
		application must includ							
		r parcel number, please call: 20 ed State of Idaho encroachmen				•			ewan County.
٠.	Describe encroachme	nt: (see "Categories" on Fee So	criedule, i.e. Sili	gie siip doi	un, Walei	wiiilulawal)			
5.	Construction materials	:: (i.e. wood/steel pilings, wood	decking, log flo	oat)					

6. Length of encroachment into lake or river:	7.	Square footage over wa	ater:	_				
8. If project involves bank stabilization or	dredge and fill material	- CONTACT OUR OFF	ICE: 208-686-1118.					
9. Names, addresses, and telephone numbe	lames, addresses, and telephone numbers of adjoining property owners, their agents, or lessees:							
Distance between your encroachment an	nd each neighbor's adjace	nt encroachment:						
11. Date work proposed would be initiated:	Cor	mpletion date:						
Contractor or person doing work if oth review process and issuing of a per								
12. Contractor Name		Triba	al Business License#					
Mailing Address		Phone:	Work ()					
City, State, Zip Code			Fax () -					
13. List applications, approvals, or certification	os from other Federal Sta	te Interstate or local age	ancies for work descr	ihed in this application:				
	e of Approval	Identification No.		• •				
14. All watercraft Registration Number(s) store	red at encroachment, inclu	ide issuing State						
15. Has any entity or individual expressed opp	position to the above-desc	cribed encroachment? If	"Yes" explain ——					
	•		·					
16. Applicant is encouraged to include any ad	dditional information usefu	Lin project evaluation i e	e specifications for o	desian or engineering				
10. Applicant is encouraged to moldae any ad	addonal information docta	ini project evaluation, i.e	on, appendiculations for c	esign or engineering.				
		—						
	~							
Application is hereby made for a permit or per contained in this application, and that to the be certify that I possess the authority to undertak laws for Regulation of Beds, Waters, and Airs	est of my knowledge and se the proposed activities.	belief, such information if further certify that this	is true, complete, and encroachment shall	d accurate. I further comply with all Tribal				
16. I hereby grant the Coeur d'Alene Tribe the	e right to come upon the a	bove-described location	to inspect the propo	sed or completed work.				
Signature of Applicant (ORIGINAL REQUIRE	ED) Printed Nar	me	Date					
17. If you wish to designate an authorized ag	gent, complete item 1a. ar	nd the following informati	on:					
I hereby designate				o this permit application.				
Printe	ed Name							
Signature of Authorized Agent (Original)	- Date	Signature of Applica	int (Original)	Date				
orginature of Authorized Agent (Original)	Date	Signature of Applica	iii (Origiliai)	Dale				



N

SAMPLE ENCROACHMENT DRAWING(Dock - Piles)

Square Footage

Ramp 8'x9'= 45 49. ft

H Dock 8'x22'=176 11 11

B Dock 8'x25'=200 " 11

421 85 feet

